	LE A (FEC Form 3X) D RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 11 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commer NAME OF	on copied from such Reports and cial purposes, other than using the COMMITTEE (In Full) AN BANKERS ASSOCIATION	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name W. Joseph	(Last, First, Middle Initial)	Date of Receipt		
City Mt Pleasa	ant	State MI	Zip Code 48858-3357	0 2 2 3 2 0 1 0
	mber of contributing tical committee.	C		500.00
Name of Elsabella Ba		Occupation Director		Receipt
Receipt Fo Prima Othe		Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Gregory Mapes Mailing Address 613 Gratiot Ave				Date of Receipt
City		State	Zip Code	0 2 2 3 2 0 1 0 Transaction ID: 00309.C26008
	mber of contributing tical committee.	C	48801-1710	Amount of Each Receipt this Period 300.00
Name of Elsabella Ba	mployer ınk & Trust	Occupation Vp & Tre		Receipt
Receipt Fo Prima Othe		Aggregate	Year-to-Date ▼ 300.00	
Barbara Pla	Full Name (Last, First, Middle Initial) Barbara Place Mailing Address 237 N 5 Mile Rd			Date of Receipt 0 2 2 3 2 0 1 0
City	•		Zip Code	Transaction ID: 00309.C26009
	mber of contributing tical committee.	C	48640-7829	Amount of Each Receipt this Period 300.00
Name of E Isabella Ba		Occupation V.p. And	Auditor	Receipt
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 300.00	
	of Receipts This Page (optional)			1100.00